DOCKET NO .: 40736 IN THE UNITED STATES PATENT AND TRADEMARK OFFICE pplication of: Dennis L. Panicali, et al. Group No.: -187 1813 07/579,269 No.: |JUN Examiner: D. Barnd 9/5/90 Filed: RECOMBINANT POX VIRUS FOR IMMUNIZATION AGAINST For: ANTIGENS COMMISSIONER OF PATENTS AND TRADEMARKS Washington, DC 20231 PETITION AND FEE FOR EXTENSION OF TIME <u>AND</u> AMENDMENT TRANSMITTAL Transmitted herewith is an amendment for this application. STATUS Applicant is _ a small entity -- verified statement: 2. _attached. already filed. other than a small entity. 3. This is a petition for an extension of the time for a total 3 months. (check and complete the application item below) period of x to respond to the Office Letter mailed on December 12, 1991 amendment to the claims x for _ (indicate matter being extended) CERTIFICATE OF MAILING 37 CFR 1.8a I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: COMMISSIONER OF PATENTS AND TRADEMARKS, Washington, DC 20231 Adele E. Stone (Type or print name of person mailing paper) Who E. Stow Date: 6/12/92 (Signature of person mailing paper) 060 MC 06/23/92 07579269

1 117 810.00 CK

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(a) Extension requested (check below the total number of months of extension requested):

	Extension (months)	Fee for other than small entity	Fee for small entity
x	one month two months three months four months	\$100.00 \$300.00 \$730×70× \$1,150.00	\$50.00 \$150.00 \$365.00 \$575.00
		Fee	\$810.00

(check and complete the next item, if applicable)

An extension for ____ months has already been secured and the fee paid therefor of \$____ is deducted from the total fee due for the total months of the new extension is requested.

Extension fee due with this request \$ 810.00

(b) ____ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims has been calculated as shown below:

	(COL. 1)		(COL. 2)		SMALI	L ENTITY			R THAN A L ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO.	PRESENT EXTRA		ADDIT.	i i i or		ADDIT.
TOTAL	<u> </u>	MINUS	i		x 30 =		<u>i</u>	x 60 =	
	IRST PRSENT	ATION OF	MULTIPLE DEP	. CLAIM	+100 =	\$	 	 + 200 =	 \$
				ADD	•	\$ \$	<u> </u> 	OR TOTAL	\$
				AUU	.,	İ	نـ		

^{*} If the entry in Col. 1 is less than entry in Col. 2, write "O" in Col. 3.

^{**} If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

^{***} If the "Highest No. Previously Paid for" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid for" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

(complete (c) or (d) as applicable) (c) ____ No additional fee is required (d) \underline{x} Total additional fee required \$\frac{810.00}{} FEE PAYMENT 5. __x_ Attached is a check in the sum of \$810.00Charge Account No. _____ the sum of \$_____ A duplicate of this transmittal is attached. FEE DEFICIENCY 6. $\frac{x}{1}$ If any additional extension fee is required, charge Account No. $\frac{04-1105}{04-1105}$. $\frac{x}{1}$ If any additional fee for claims is required, charge Account No. $\frac{04-1105}{04-1105}$. Reg. No. 30,628Ronald I. Eisenstein Tel. No. (617) 523-3400Type or print name of attorney
Dike, Bronstein, Roberts & Cushman 130 Water Street P.O. Address Boston, MA 02109